

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	7.6.	19	1/3/00
<b>O.I.P.E. CLASSIFIER</b>			1/3/00
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	DR	72223	1-27-00
			5/9/00

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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